

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 161

Registered No. 191

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township

or Village

City Globe

No. Gila County Hospital

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Edna Ruth Pollock

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child f.

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate? Yes

7. Date

of birth Oct. 16th 1928

Month

Day

Year

5. No., in order of birth 1

8.

FATHER

Full name Marvin Pollock

9. Residence

(Usual place of abode) Phoenix

If non-resident, give place and state. Ariz.

10. Color or race W.

11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Lafford

(State or country) Ariz.

13. Occupation Saloon m.

Nature of Industry

14.

MOTHER

Full maiden name Ruth Gordon

15. Residence

(Usual place of abode) Phoenix

If non-resident, give place and state.

16. Color or race W.

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Kansas

(State or country)

19. Occupation Housewife

Nature of Industry

20. Number of children of this mother 1

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead —

(c) Stillborn —

21. Were precautions taken against oph-  
thalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 p.m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

Signature Dr. R. G. Ginter

(Physician or midwife).

Given name added from  
a supplemental report

Month, day, year

Address

Registrar

Filed 11/8

1928

G. E. Reighlin  
Registrar

579-1016-975